

1 of 2

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE
						09809822	03/16/01
						CLAIMS	
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1							
2							
3							
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38							
39							
40							
41							
42	1						
43	1						
44	1						
45							
46							
47							
48							
49							
50							
TOTAL IND.	6						
TOTAL DEP.	9						
TOTAL CLAIMS	15						
* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS							

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CLAIMS ONLY						SERIAL NO. 09/809,827	FILING DATE 20/2		
						APPLICANT(S)			
						CLAIMS			
APPLIED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
101						151			
102						152			
103						153			
104						154			
105						155			
106						156			
107						157			
108						158			
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142						192			
143						193			
144						194			
145						195			
146						196			
147						197			
148						198			
149						199			
150						200			
TOTAL IND.	5					TOTAL IND.			
TOTAL DEP.	5					TOTAL DEP.			
TOTAL CLAIMS	10					TOTAL CLAIMS			

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS